REQUEST FOR
INDEPENDENT STUDY/DIRECTED STUDIES/READINGS & RESEARCH

Student's Name_____ Date_____

Student's ID Number_____ Semester_____

Printed Name of Instructor(s)_____

Course Title_____

Course Dept + Number + Section_____ Credit Hours_____

Describe the nature of this course and list your specific responsibilities as outlined by the instructor:_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Student_____ Date_____

Signature of Instructor_____ Date_____

(Return completed form to the GDR Office no later than one week after the start of classes.)

Signature of DGS_____ Date_____